

IN CASE OF ACCIDENT...

Follow these directions.

1 AID THE INJURED

Do not move injured individuals unless absolutely necessary! Warn other drivers.

2 CALL THE POLICE

Give exact location and advise if medical help is needed. Write down the name and badge numbers of police officers who assist you. Are they state or local police?

Name of Officer

Badge No.: Dept.

Traffic Violation By Whom

3 RECORD FACTS ABOUT YOUR VEHICLE

Complete all information concerning your vehicle.

Agency Div. or Dept

Driver's Name Age

Address of Div. or Dept. Phone

Make & Year of Vehicle Vehicle No.

Where Damaged Amount

What specific duties were being performed?

4 OBTAIN FACTS ABOUT OTHER VEHICLES

It is important to get the name, address, vehicle registration, and driver's license number of other driver(s) involved.

Name Phone

Address City Zip

Make & Year of Vehicle Tag No.

Dr. Lic Ins. Co.

Where Damaged Amount

5 OBTAIN FACTS ABOUT INJURED PERSON(S)

It is very important to obtain name, age, address, and nature of injury of anyone injured.

Name Age

Address Phone

INJURED WAS:

In my vehicle In other vehicle Pedestrian

Nature of Injury

Name Age

Address Phone

INJURED WAS:

In my vehicle In other vehicle Pedestrian

Nature of Injury

6 RECORD FACTS ABOUT OTHER PROPERTY DAMAGE (Non-Vehicular)

Complete all information concerning damage to other property.

Owner Phone

Address

Object Damaged

Nature of Damage

7 GET WITNESSES

Get the name and address of all available witnesses to the accident.

Name Phone

Address

Name Phone

Address

8 CALL RISK MANAGEMENT AND TORT DEFENSE DIVISION (406) 444-2421

9 DON'T COMMENT

Do not make any statement concerning the assumption of liability. Give out only that information required by authorities. Do not sign any statement except for an authorized representative of the RMTD.

**STATE OF MONTANA
RISK MANAGEMENT
& TORT DEFENSE DIVISION**

DESCRIBE THE ACCIDENT!

Date: _____ Time: _____

Location: _____
Give Street or Highway & County

Facts: _____

10 USE THIS INFORMATION
TO COMPLETE THE
STATE REPORT
OF INCIDENT

Was Employee aware of Incident? _____

Did Claimant request Claim Form? _____

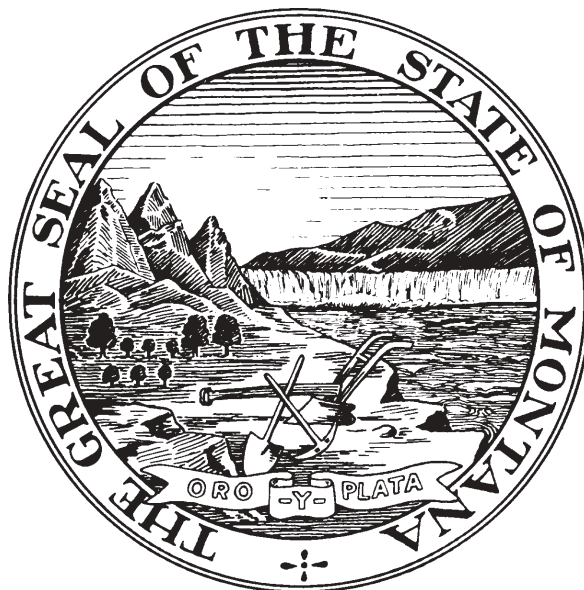
Date Driver or Operator

Certificate of Insurance:

State owned vehicles listed with the RMTD, Department of Administration, are self-insured for liability for \$1.5 million per occurrence or \$750,000 per claimant as provided for in 2-9-108, MCA. Leased/loaned vehicles authorized for coverage by the RMTD in accordance with Management Memo 1-90-(4-20), also have liability limits in accordance with 2-9-108, MCA.

Only state employees, or drivers authorized by the State of Montana, with current and valid driver's licenses are afforded this protection.

STATE OF MONTANA RISK MANAGEMENT & TORT DEFENSE DIVISION



**AREA CODE (406)
444-2421**

IN CASE OF ACCIDENT



A GUIDE TO WHAT TO DO.

This glove compartment guide is provided by RMTD to help you in case of an accident. We hope you do not have to use it, but if you do, follow the numbered steps. Read all directions carefully, and complete all information to the best of your ability.

**STATE OF MONTANA
RISK MANAGEMENT
& TORT DEFENSE
DIVISION**